



USAID FY 2000 Population Assistance Certification Form

OMB No. 0412-0558

USAID Operating Unit (Mission, Regional Bureau, or G/PHN)	Responding Organization**
Prime contractor/grantee/recipient (if applicable*)	Organization:
	Mailing Address:
	Country:
*prime awardee through which responding organization receives USAID funds	**covered organization completing this form

Please review Options 1 and 2 below and sign in the applicable signature block:

Option 1:

I, the undersigned, as a duly authorized representative of the above named responding organization, in anticipation of receiving FY 2000 population funds, do hereby certify that my organization will not engage in the following activities, as further defined in USAID's Guidance for FY 2000 Population Assistance Certification, with either USAID or non-USAID funds:

- 1) perform abortions in the country named above or any other foreign country, except where the life of the mother would be endangered if the pregnancy were carried to term or in cases of forcible rape or incest;
- 2) violate the laws of the country named above or any other foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited; or
- 3) engage in activities or efforts to alter the laws or governmental policies concerning circumstances under which abortion is permitted, regulated, or prohibited;

from the date my organization signs an agreement to receive USAID's FY 2000 population funds through September 30, 2001.

This certification does not restrict the organization's (1) treatment of injuries or illnesses caused by legal or illegal abortion or (2) activities which are in opposition to coercive abortion or involuntary sterilization.

This certification constitutes a material representation of fact upon which reliance is placed by USAID or its intermediary contractors, grantees, and recipients when entering into financing agreements.

Signature	_____	_____
Block 1:	Printed Name	Signature
	_____	_____
	Title	Date

Option 2:

My organization, named above, elects not to certify at this time to the conditions outlined in Option No. 1 above.

Signature	_____	_____
Block 2:	Printed Name	Signature
	_____	_____
	Title	Date